



# State of South Carolina

## Office of the Governor

NIKKI R. HALEY  
GOVERNOR

1205 PENDLETON STREET  
COLUMBIA 29201

### GOVERNOR'S INTERNSHIP PROGRAM APPLICATION

PHONE: 803.734.2100

FAX: 803.734.5167

TERM SPRING 20\_\_ SUMMER 20\_\_ FALL 20\_\_

FULL NAME\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_

BIRTHDATE\_\_\_\_\_

E-MAIL\_\_\_\_\_

SEX \_\_MALE \_\_FEMALE U.S. CITIZEN \_\_YES \_\_NO

SCHOOL ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP CODE\_\_\_\_\_

PHONE # (DAY)\_\_\_\_\_(NIGHT)\_\_\_\_\_

PERMANENT ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP CODE\_\_\_\_\_

HIGH SCHOOL ATTENDED\_\_\_\_\_

SCHOOL CURRENTLY ATTENDING\_\_\_\_\_

CURRENT YEAR IN SCHOOL\_\_\_\_\_

MAJOR\_\_\_\_\_MINOR\_\_\_\_\_

GPA\_\_\_\_\_

FACULTY ADVISOR: NAME\_\_\_\_\_

PHONE\_\_\_\_\_

ARE YOU PLANNING ON RECEIVING CLASS CREDIT? \_\_YES \_\_NO

NUMBER OF HOURS YOU CAN WORK: \_\_15 \_\_20 \_\_20+

WILL YOU BE WORKING ANOTHER JOB?

IF SO, WHERE?\_\_\_\_\_

REFERENCES: NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

I certify that the information on this form is true.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ATTACH A RÉSUMÉ AND ADDRESS THE FOLLOWING:

1. YOUR COMMUNITY AND CAMPUS ACTIVITIES
2. YOUR INTEREST IN WORKING IN THE GOVERNOR'S OFFICE
3. A SKILL OR ABILITY YOU HAVE DEVELOPED IN AN ACADEMIC AND/OR WORK ENVIRONMENT